

Application Attestation

I, _____ attest that I am the applicant making this application to the Board or Committee for certification or licensure, and that all of the above information I have provided is true, complete, and accurate to the best of my knowledge and belief. I understand that any omission, inaccuracy, or failure to make full disclosure may be deemed sufficiently by the Board or Committee to deny certification or licensure or to withhold renewal of or to suspend or revoke a license or certificate issued by the Board or Committee.

I further attest that it is my responsibility to read the statutes and regulations governing the practice for which I am applying for certification or licensure, and fully understand that in receiving such certification or licensure from the Board or Committee, I bind myself to be governed by those statutes and regulations.

I voluntarily consent to a criminal history background check, and to a thorough investigation of my present and past employment and other activities, for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies, and all government agencies and instrumentalities (local, state, federal, or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made are willfully false, I am subject to punishment.

Signature

Date